								SERIAL NO.				FILING DATE		
MULTIPLE DEPENDENT CLAIM								APPLICANT(S)				<u> </u>		
FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)									N 1 (S)					
				LAIMS										
	AS F	ILED	AFTER		AFTER 2nd AMENDMENT			* *			+	*		
}	IND.	DEP.	IST AME	DEP.	2nd AME IND.	DEP.	ŀ		IND.	DEP.	(2)(2)			
1	, IND.	DEF.	- IND.	DEP.	IND.	DEP.	-		IND.	DEP.	IND.	DEP.	IND.	DEP.
2		7		-	 -		-	51 52						
3	 	1	-				H	53			ļ			
4		1					r	54			<u> </u>			
5							-	55			ļ			
6	1	1					t	56						
7		1	i				F	57						
8		,	i				ľ	58						
9		1						59						-
10								60						
11	1						Γ	61						
12		<u>i</u>						62						
13		1						63						
14		/						64						
15		/						65						
16		į.					L	66						
17		1	<u>-</u>					67						
18		<i>i</i>					L	68						
19							_	69						
20							<u> </u>	70						
21		1					-	71						
22		/					ļ.	72						
23							-	73						
24 25							ŀ	74						
26							-	75						
27							 -	76						
28							-	77						
29							-	78						
30					-		H	79 80						
31							<u> </u>	81						
32								82						
33								83						
34							T	84						
35								85						
36								86						
37								87						
38								88		-				
39								89						
40	1							90						
41								91						
42								92						
43							L.	93]				
44	L							94						
45							<u> </u>	95						
46								96						
47							L	97						
48								98						
50							-	99 100						
TOTAL							 -	OTAL						
IND.	2	_ [1		1	11	ND.		1				
TOTAL DEP.	20.	ا ک	•	-	•	→	D	OTAL EP.	•	•• [ı ر	•	
TOTAL CLAIMS	22		T	1			Ī	OTAL LAMAS	T					
FTQ-1350	يرسي			May se	 TSED FU	a 200 mi			AMEND.	MENTS	S.S. DEP	ARTMEN	T of COM	MERCE